

Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program Sanitary Sewer Overflow (SSO)/Bypass Notification Form

FOR DEP USE ONLY

Tax Identification Number

Bypass

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





See DEP Regional Office telephone and fax numbers at the end of this form.

7	A. Reporting Facility				
1	. Facility Information				
	Town Of Walpole				
	Reporting Sewer Authority		Pa	mit #	
2	Authorized Representative T	ransmitting Form:		THE IF	
	Richard	_	(500) 000 -		
	First Name	Mattson Last Name	(508) 660-7 Telephone No		
	Superintendent Title	Lust (eq. 110	rmattson@walpole-ma.gov		
E	3. Phone Notifications);	_ //===		
1.	ManaDED -4-81 1 - 1	David	Burns		
1.	MassDEP staff contacted:	first name	last name	Personal Management of the Control o	
	Date/Time contacted:	6/11/15	1:08		-
	Date/ Fille Contacted.	Date	Time	am	🛛 pm
2	EPA staff contacted:	David	Turin		
	Zi A Guari Contacted.	first name	last name		*
	Date/Time EPA contacted:	6/11/15	12:50		
	Date Fille LI A Contacted.	Date	Time	am	🛛 pm
3.	Board of Health contacted:	Robin	Chapell		
•	Bodio of Fledkii Contacted.	First Name	Last Name		
	Date/Time contacted:	6/11/15	1:08	L1	K21
	- and the series of the series	Date	Time	am	🔀 pm
4.		apply); ellfish Warden	□ Conservation Commission □ Division of Marine Fisheries		
	☐ Downstream Drinking Wat	er Supplier 🔲 \	Watershed Association		
	☐ Beach Resource Manager	Other:	(specify)	AND DESCRIPTION ASSESSMENT	
C.	SSO Information				
1,,	SSO Discovered:	6/11/15	+/-10:15	⊠ am	
		Date	Time	i∆ am	pm
	By:				
^	200 0	6/11/15	+/- 12:15		
2.	SSO Stopped:	Date	Time	am am	⊠ pm
3.	SSO Discharge from: 🛛 Sa	nitary Sewer Manh	ole		
	☐ Backup into Property ☐	Other:			
	, , ,		(specify)		
4.	SSO Discharge to: Ground	d Surface (no relea	se to surface water)		
	☑ Direct to Receiving Water		Neponset River (surface water)	-	
	Catch basin to Receiving W	/ater	(surface water)		
	☐ Backup into Property Baser	nent .			



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C. SS	SO Information (cont.)			
Loc	Rear of #36 Rose Court (Description of discharge site or closest addre			
5. Esti	imated SSO Volume at time of this Report:	<1000 gallons		
	hod of Estimating Volume:	Visual Seepage x Duration		
6. Cau	se of SSO Event:	No. of the contract of the con		
	Rain Event Pump Station Failure	Insufficient Capacity in System		
	Treatment Unit failure	o apasity in Cyclem		
\boxtimes	Sewer System Blockage:	☐ Root Intrusion ☐ Grease Blockage		
	Other: (Specify)			
	ective Actions Taken:			
Pipel	ine obstruction cleared by Walpole Sewer Depa	rtment staff via the use of department jet truck.		
	USAN STATE OF THE			
go der				
	Impact Area cleaned and/or disinfected: Yes No			
, ii ca i	Area treated with lime. No debris present.			
Correc	ctive Actions Completed:	☐ No		
*	and the second s	- Annual Control of the Control of t		
) Com	mente/Attachmente/Fall			
	ments/Attachments/Follow-up			
	o provide (select all that apply):			
		additional comments or attachments		
	nal comments and planned actions:			
The are	a will be added to a list of those to br regularly in	nspected by staff.		



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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

6/11/2015

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

EPA Contact

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour emergency

Phone: 888-304-1133





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Ā	. Reporting Facility				
1.					
	•				
	Town Of Walpole Reporting Sewer Authority			P. 11 H	
2.	Authorized Representative T	ransmitting Form:		Permit #	
	Dishard				
	First Name	Mattson Last Name	(508) 66		
	Superintendent	Last Name	Telephon		
	Title		rmattson@walpole-ma.go	V	
B.	Phone Notifications	3:	E-rnall Address		
1.	MassDEP staff contacted:	David	Burns		
1.	massuch staff contacted:	first name	last name		
	Date/Time contacted:	10/15/15	1:30		
	Date/Time contacted:	Date	Time	am 🛛 pr	
2.	EPA staff contacted:				
	- Treating Contacted.	first name	last name		
	Date/Time EPA contacted:	273M 33			
	The second secon	Date	Time	ampn	
3.	Board of Health contacted:	Robin	Chapell		
		First Name	Last Name		
	Date/Time contacted:	10/15/15	12:40		
		Date	Time	am 🗵 pm	
4. (Others notified (select all that	apply);	☑ Conservation Commission		
I	☐ Harbormaster ☐ Sh	ellfish Warden	Division of Marine Fisheries		
F	Downstroom Drinking 144-4				
	Downstream Drinking Wat	er Supplier	Vatershed Association		
Г	Beach Resource Manager	Othor			
		Other:	(specify)		
C. 8	SSO Information				
1. S	SSO Discovered:	10/15/15	10:45	M	
	December 1.5	Date	Time	am 🗌 pm	
В	By: Department Foreman	1			
2. S	SO Stopped:	10/15/15	11:10		
0	ос оторреа.	Date	Time	am 🗌 pm	
s. s	SO Discharge from: 🛛 Sa	nitary Sewer Manh	ole Pump Station		
	Backup into Property	Other:			
			(specify)		
. S	SO Discharge to:	Surface (no releas	se to surface water)		
	Direct to Receiving Water		(audaca wata)		
_			(surface water)		
L	Catch basin to Receiving W	ater ater	Contained in basins. No app discharge to water body. Bas	arent indication of sins cleaned.	
\boxtimes	Backup into Property Basen	nent	-		

2.

3.

4.



Massachusetts Department of Environmental Protection Bureau of Resource Protection – Watershed Permitting Program Sanitary Sewer Overflow (SSO)/Bypass Notification Form

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C. SSO Information (cont.)				
Location: Stone Street near #217				
	8,750			
	Visual estimated flow of 350gpm x25 minutes.			
Cause of SSO Event:	A .			
☐ Rain Event ☐ Pump Station Failure ☐	☐ Insufficient Capacity in System			
☐ Treatment Unit failure				
☐ Sewer System Blockage: ☐ Pipe Collapse	Root Intrusion Grease Blockage			
This incident ocurred during a pipe	This is side at a second secon			
Corrective Actions Taken:				
Liner plug removed , adequate bypass pumping re	sumed with no further surge experienced.			
Catch basins cleaned with vac truck Area washed down with mild bleach and water catation follows				
Corrective Actions Completed: Yes	s 🗆 No			
Comments/Attachments/Follow-up wish to provide (select all that apply):				
	Estimated SSO Volume at time of this Report: Method of Estimating Volume: Cause of SSO Event: Rain Event Pump Station Failure Treatment Unit failure Sewer System Blockage: Pipe Collapse Other: This incident ocurred during a pipe handle unexpected surge in sewer Corrective Actions Taken: Liner plug removed, adequate bypass pumping resulting a pipe of the plug removed and/or disinfected: Yee Catch basins cleaned with vac truck. Area washed doby application of lime.			



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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

10/28/2015

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region

Phone: 978-694-3215

Fax: 978-694-3499

Southeast Region

Phone: 508-946-2750

Fax: 508-947-6557

Central Region

Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

Fax: 413-784-1149

EPA Contact

Phone: 617-918-1870

Fax: 617-918-0870

DEP 24-hour

emergency

Phone: 888-304-1133



Massachusetts Department of Environmental Protection Bureau of Water Protection – Wastewater Management Program Sanitary Sewer Overflow (SSO)/Bypass **Notification Form**



Tax Identification Number

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See DEP Regional Office telephone and fax numbers at the end of this form.

1	4.	Reporting Facility				
n 1		Facility Information				
		Town Of Walpole				
		Reporting Sewer Authority		Down	4.11	
2		-	_	Permi	t #	
2	٠	Authorized Representative Transmitting Form:				
		Richard	Mattson	(508)660-730	5	
		First Name	Last Name	Telephone No.		
		Director Of Public Works Title	Specifical and the second specifical second spec	rmattson@walpole-ma.gov E-mail Address		
Е	3,	Phone Notifications:		as illustrated of the second		
4		Mana DED 14 FF	David	Burns		
1.		MassDEP staff contacted:	first name	last name		
		Data/Time contacts de	9/26/2018	12:50		
		Date/Time contacted:	Date	Time	am:	prr
2.		EPA staff contacted:	David	Turin		
4.		EFA Staff Contacted.	first name	last name		
		Date/Time EPA contacted:	9/26/2018	12:50	_	
		bater line Li A contacted.	Date	Time	am	🛛 pm
3.		Board of Health contacted:	Robin	Chapell		
-		board of rically contacted.	First Name	Last Name	10.4	
		Date/Time contacted:	9/26/2018	12:50		
		on the contracted.	Date	Time	am	🔀 pm
4.	- 1	Others notified (select all that a	pply); [☑ Conservation Commission		
	l	☐ Harbormaster ☐ She	ellfish Warden [☐ Division of Marine Fisheries		
	ſ	Downstream Drinking Wate	r Supplier 🔲 V	Vatershed Association		
	_	_		valershed Association		
_	L	Beach Resource Manager	Other:	(specify)		
C.	3	SSO Information				5
1.	S	SSO Discovered;	9/26/2018	+/- 10:00		
			Date	Time	🛛 am	pm
	E	y: Passerby			***	
2.	S	SO Stopped:	9/26/2018	+/- 11:00	⊠ am	
2			Date	Time	△ am	j pm
3.	0	SO Discharge from: San	itary Sewer Manho	ole 🛛 Pump Station		
		Backup into Property	Other:	(specify)		
4.	S	SO Discharge to: Ground	Surface (no releas	se to surface water)		
		Direct to Receiving Water		· 	·	
	_			(surface water)		
	\times	Catch basin to Receiving Wa	ater	Adjacent Wetland Area (surface water)		100000000000000000000000000000000000000
		Backup into Property Basem	ent			

4.



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C	. SSO Information (cont.)				
	Location 2130 Boston Providence Highway				
5.	(Description of discharge site or closest address Estimated SSO Volume at time of this Report:	ss) <u>Unkno</u> wn			
	Method of Estimating Volume:	NA			
6.	Cause of SSO Event:				
	☐ Rain Event ☐ Pump Station Failure ☐	Insufficient Conscituin System			
	☐ Treatment Unit failure	Insufficient Capacity in System			
	Fm	□ Deat Interests □ O			
	Other	Root Intrusion Grease Blockage			
7.	(Specify)				
1.	Corrective Actions Taken: This is a privately owned sewer pump station. The overlappenent to prove the province of the provin	When contacted the game and that are			
	equipment to make the necessary repairs to the stat	on. The station was returned to service.			
	Impact Area cleaned and/or disinfected: X Yes	□ No			
-	The responsible party contacted an environmental firm to assess any necessary clean up.				
-					
(Corrective Actions Completed:	⊠ No			
1	Assessment Underway.				
D. (Comments/Attachments/Follow-up				
J	wish to provide (select all that apply):				
	☐ Attachment ☐ Additional comments below: ☐ N	o additional comments or attachments			
Д	Additional comments and planned actions:				
	he responsible party has been instructed to file the ar	n SSO Notification form as well.			
_					



Massachusetts Department of Environmental Protection Bureau of Water Protection - Wastewater Management Program

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Signature of Authorized Representative

10/1/2018

Date Signed

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Northeast Region

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Southeast Region

Phone: 508-946-2750

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Phone: 508-792-7650

Fax: 508-792-7621

Western Region

Phone: 413-784-1100

EPA

Phone: 617-918-1510

Fax: 413-784-1149

EPA for Southeast Region, David Turin Phone: 617-918-1598

Fax: 617-918-0598

EPA for Northeast.

Central and Western

Regions Region,

David Turin

Phone: 617-918-1747

Fax: 617-918-0747

DEP 24-hour emergency

Phone: 888-304-1133